



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

March 17, 2017
System No.: 5500148

Ms. Brenda Chapman, Superintendent
Jamestown School District
18299 5th Avenue
Jamestown, CA 95327

RE: CITATION NO. 03-11-17C-017, TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION FOR JANUARY 2017

Enclosed is a Citation issued to the Chinese Camp School (hereinafter "Water System") public water system.

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Board") hourly rate (currently estimated at \$163.00) for the time spent on issuing this Citation. California Health and Safety Code, Section 116577, provides that a public water system must reimburse the State Board for actual costs incurred by the State Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the State Board has spent approximately 2.0 hour(s) on enforcement activities associated with this violation.

The Water System will receive a bill sent from the State Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

If you have any questions regarding this matter, please contact Lourdes Mertens of my staff at 559-447-3139 or me at 559-447-3316.

Sincerely,

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District
Central California Section
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

Enclosures
Certified Mail No.: 7016 1370 0000 0455 3826

cc: Tuolumne County Environmental Health Department
Ms. Lise Lemonnier, P.O. Box 1765, Twain Harte, CA 95383
Luis Garcia-Bakarich US EPA 9 – E copy only

**STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER**

IN RE: CHINESE CAMP SCHOOL
Water System No.: 5500148

TO: Ms. Brenda Chapman, Superintendent
Jamestown School District
18299 5th Avenue
Jamestown, CA 95327

CC: Tuolumne County Environmental Health Department
Ms. Lise Lemonnier, P.O. Box 1765, Twain Harte, CA 95383
Luis Garcia-Bakarich US EPA 9 – E copy only

**CITATION FOR VIOLATION OF
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1 TCR MCL
VIOLATION**

**January 2017
Issued on March 17, 2017**

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the Chinese Camp School (hereinafter "Water System") (13444 Redhill Road, Chinese Camp CA 95309) and its owner of

1 record for violation of California Code of Regulations (CCR), Title 22, Sections 64426.1 and
2 64424(d)

3 **APPLICABLE AUTHORITIES**

4 The applicable statutes and regulations are provided in Appendix 1, attached hereto and
5 incorporated by reference.
6

7 **STATEMENT OF FACTS**

8 The Water System is a nontransient-noncommunity water system located in Tuolumne County
9 that supplies water for domestic purposes to a population of approximately 35 through one (1)
10 service connection. The Water System is a nontransient-noncommunity public water system as
11 defined in CHSC, section 116275.
12

13 The Water System is required to collect a minimum of one (1) distribution system bacteriological
14 sample per month. The Water System collected one (1) routine sample on January 18, 2017,
15 that was positive for total coliform bacteria. On January 24, 2017, all four (4) repeats samples
16 collected in the distribution system and a sample from Well No. 1 were positive for total coliform
17 bacteria. The following month of February 2017, the Water System collected the required five
18 routine bacteriological samples and a well sample. All five (5) routine samples and the well were
19 absent for total coliform bacteria. None of the total coliform positive samples showed the
20 presence of *Escherichia coli* (*E. coli*) bacteria.
21

22 A summary of all water sample results for coliform bacteria collected in January 2017 through
23 February 2017 is included in Appendix 2.
24

25 Pursuant to the Federal Revised Total Coliform Rule (FRTCR), a Level 1 Assessment is
26 triggered whenever a water system has two or more routine samples that are total coliform
27

1 positive in a month. The Division began implementing the FRTCR on April 1, 2016. A copy of
2 the Level 1 Assessment conducted by Water System was not yet submitted to the Division.

3
4 The California Groundwater Rule (GWR) requires the collection of a sample for bacteriological
5 evaluation from the well(s) serving the system in response to a coliform-positive distribution
6 sample within 24 hours of being notified of the coliform-positive result. Based on data submitted
7 to the Division, the Water System collected the raw water sample at the well in a timely manner
8 in follow-up to the total coliform-positive routine samples collected in the months of January and
9 February 2017.

10
11 Public notification to the Division and consumers at the Water System is required whenever a
12 violation of the Total Coliform MCL occurs. Notification to the Division is required by the end of
13 the business day on which the violation has been determined. If the Division is closed,
14 notification shall be within 24 hours of the determination. In January 26, 2017, the Division was
15 notified and Tier 2 public notification was provided to staff and students, in accordance with the
16 above-referenced section.

17 18 **DETERMINATION**

19 Title 22, CCR, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL) provides
20 that a public water system that collects fewer than 40 bacteriological samples per month has
21 violated the Total Coliform Rule if more than one (1) sample collected during any month is total
22 coliform-positive.

23
24 The Division has determined that the Water System failed to comply with Title 22, CCR, Section
25 64426.1, Total Coliform MCL for the month of January 2017 due to the presence of total
26 coliform bacteria in two or more samples collected.

DIRECTIVES

The Chinese Camp School is hereby directed to take the following actions:

1. Comply with Title 22, CCR, Section 64426.1 and 64424(d) in all future monitoring periods.
2. Complete Appendix 4: Compliance Certification Form. Submit to the Division on or before **March 31, 2017**. On January 26, 2017, a copy of the public notification was provided to the Division.
3. Submit the information required by CCR, Title 22, Section 64426(b)(2) on or before **March 31, 2017**. Appendix 5: RTCR Level 1 Assessment form may be used to fulfill this directive.

The Division reserves the right to make such modifications to the Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California Safe Drinking Water Act or any regulation, standard, permit or order issued thereunder.

All submittal required by this Citation shall be submitted to the Division at the following address:

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District
State Water Resources Control Board
Division of Drinking Water
265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

1
2 **PARTIES BOUND**

3 This Citation shall apply to and be binding upon the Water System, its officers, directors, agents,
4 employees, contractors, successors, and assignees.
5

6 **SEVERABILITY**

7 The Directives of this Citation are severable, and the Water System shall comply with each and
8 every provision thereof notwithstanding the effectiveness of any provision.
9

10 **FURTHER ENFORCEMENT ACTION**

11 The California SDWA authorizes the Board to: issue citation with assessment of administrative
12 penalties to a public water system for violation or continued violation of the requirements of the
13 California SDWA or any permit, regulation or order issued or adopted thereunder including, but
14 not limited to, failure to correct a violation identified in a citation or compliance order. The
15 California SDWA also authorizes the Board to take action to suspend or revoke a permit that
16 has been issued to a public water system if the system has violated applicable law or
17 regulations or has failed to comply with an order of the Board; and to petition the superior court
18 to take various enforcement measures against a public water system that has failed to comply
19 with an order of the Board. The Board does not waive any further enforcement action by
20 issuance of this citation.
21
22
23

24
25 3-17-17
26 Date



24 Kassy D. Chauhan

25 Kassy D. Chauhan, P.E.
26 Senior Sanitary Engineer, Merced District
27 DRINKING WATER FIELD OPERATIONS BRANCH

CERTIFIED NO.: 7016 1370 0000 0455 3826

KDC/MLM

Appendices:

Appendix 1: Applicable Authorities

Appendix 2: Summary of Bacteriological Samples from January to February 2017

Appendix 3: Tier 2 Notice

Appendix 4: Compliance Certification Form

Appendix 5: RTCR Level 1 Assessment form

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OFFICIAL USE

Certified Mail Fee \$ <u>3.35</u>	03-11-17C-017	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.15</u>		
<input type="checkbox"/> Return Receipt (electronic) \$ _____		
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<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____		
Postage \$ _____		
Total Postage and Fees \$ <u>5500148</u>		James Stad
Sent To <u>Ms Brenda Chapman, Superintendent. Dist</u>		
Street and Apt. No., or PO Box No. <u>18299 5th Ave</u>		
City, State, ZIP+4® <u>Jamestown CA 95327</u>		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

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System # 5500148

APPENDIX 4. COMPLIANCE CERTIFICATION

Citation Number: 03-11-17C-017

Name of Water System: Chinese Camp School

System Number: 5500148

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological violation of California Code of Regulations, Title 22, Section 64426.1 for the compliance period of January 2017 and the required actions listed below were completed.

Required Action	Date Completed
(Citation Directive 2) Public Notification Method(s) Used: _____	
(Citation Directive 3) Complete and Submit RTCR Level 1 Assessment Form	

Signature of Water System Representative

Date

Attach a copy of the public notice distributed to the water system's customers and a copy of the completed Positive Total Coliform Investigation form.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE BOARD, DIVISION OF DRINKING WATER, NO LATER THAN MARCH 31, 2017
--

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

Bacteriological Distribution Monitoring Report

5500148 CHINESE CAMP SCHOOL
Distribution System Freq: 1/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Violation	Comment
1/18/2017	OT @ RR	2.6	<1.1	<1.1		Routine			
1/24/2017	Kitchen	2.6	<1.1	<1.1		Repeat			
1/24/2017	MP Rm	1.1	<1	<1.1		Repeat			
1/24/2017	Rm 1	1.1	<1.1	<1.1		Repeat			
1/24/2017	Rm 2	2.6	<1.1	<1.1		Repeat		MCL	
1/24/2017	Well	8.0	<1.1	<1.1		Source R			
1/31/2017	5 samples: WH, Kitchen, Café, Rm 2, Rm 1	<1.1	<1.1			Other			
2/8/2017	OT @ RR	<1.1				Routine			
2/16/2017	5 samples: Kitchen, Café, Rm 1, Rm 2, Well	<1.1	<1.1			Routine			

Violation Key

MCL	Exceeds the maximum contaminant level	MR4	Did not collect 5 routine samples for previous month's positive sample
MR1	No monthly sample for the report month	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR2	No quarterly sample for the report month	MR6	No source sample
MR3	Incorrect number of routine samples for the report month	MR7	No summary report submitted
		MR8	Other comments and/or info.



Jamestown School District

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

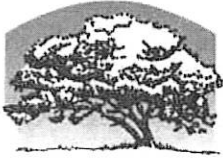
The Chinese Camp School Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took six (6) samples to test for the presence of coliform bacteria during January 2017. Three (3) of our samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may do so.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.



Jamestown School District

What happened? What was done?

Due to the presence of total coliform, the entire distribution system was disinfected with chlorine and flushed. Further testing showed no coliform were present.

For more information, please contact Brenda Chapman at phone 20-984-4058 Ext. 1354.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by the Merced River Resort Management

State Water System ID#: 5500148. Date distributed: January 26, 2017.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

Appendix 5

ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:			
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Coliform Treatment Technique Trigger:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. How often do you take a raw water total coliform (TC) test?					
j. Provide the date and result of the last TC test at this location					

STORAGE

	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

Page 2 of 5

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried?					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?					
9. What is the volume of the storage tank in gallons?					
10. Is the tank baffled?					
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?					
2. What is the age of the pressure tank?					
3. Is the pressure tank bladder type or air compressor type?					
4. Did the pressure tank(s) deviate from normal operating pressure?					
5. Is the compressor pump running more often than normal?					
6. Is the tank bladder broken and the tank water logged?					
7. Is the tank(s) damaged, rusty, leaking, or has holes?					
8. Was there any recent work performed?					
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?					
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
	1. What is the height of the sample tap above grade? (inches)			
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?				
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?				
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?				

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

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GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	
2. Does the water system have a written sampling procedure and was it followed?	
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	
5. Does the system have backup power or elevated storage?	
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
7. What were the symptoms of illness if you received complaints about customers being sick?	

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.		
2.		
3.		
4.		
5.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

Page 5 of 5

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: _____ **TITLE:** _____ **DATE:** _____

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.